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ABSTRACT

The study examines the issue of wife abuse in a rural area, assesses major service interventions suggested by the literature, and evaluates their practicality in rural areas. The area used for the study was the 10 rural and most southern counties in Southern Illinois, characterized by high unemployment and low per capita income. A questionnaire was administered via one-on-one interviews of 14 women (new residents of the only women's shelter in the area who identified themselves as abused and in need of help). Additionally, personal interviews were conducted with 21 service providers who might work with abused wives not served by the shelter. Results indicated that the abused women surveyed were generally similar to those in urban studies, except that rural husbands were in a higher tax bracket and had more education and that rural wives were older (averaged 36+ years). Other characteristics included: 58% were Protestant; alcohol played a part in 64% of incidences; 93% of the abusers were abused as children; and 43% of children in the households were abused, too. Service providers surveyed indicated: more federal rural health clinic physicians than family physicians attempted referral; law officers and judges were lacking in knowledge concerning domestic violence; and few women openly sought help. (AH)

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Spouse abuse, particularly of wives, had become an increasingly important issue for discussion and research. This has been demonstrated through the development of organizations such as the Resource Center on Family Violence, the National Clearinghouse on Domestic Violence and the Center for Women's Policy Studies, as well as through articles in many types of professional journals including law, nursing and social work.[1]

Research tends to demonstrate that wife abuse is a great problem but much is probably hidden, especially by wealthier persons.[2] The literature also indicates that the subject of wife abuse is laden with myth such as that the wife asks for it or that women enjoy abuse. These myths are being dispelled by research[3] but are frequently held by the public and even many professionals.

The causes of abuse by the husband are multiple and stem from both psychological and social factors.[4] Abuse of a wife is frequently related to stress theory. This theory looks at such factors as geographic isolation, social isolation, economic stress, alcohol and drug abuse, sex role, physical or medical issues, and pregnancy of wife (especially if the child is unwanted or the husband is not sure if it is his).[5]

Several general suggestions for identifying and treating the physical and mental health problems associated with wife abuse have been put forward in the literature which call for legal, medical and service activity.[6] However, little specific work has been directed toward wife abuse in rural areas.

Purpose of the Study

The purpose of this study was to more closely examine the issue of wife abuse in a rural area. The author also sought to assess the major service interventions suggestion of the literature and relate them to their practicality in a rural area.

The Study

The area used for this study was the ten rural and most southern counties of Southern Illinois. This area is characterized by high unemployment and low per capita income. There is some mining and farming in the area with no major industry. The area contains a large portion of Federal forest land which keeps down the tax base. Towns are small and there is much social isolation. The largest town, Carbondale (24,000) is not frequented by many persons outside a 20 mile radius unless they work in Carbondale. There is no public transportation except that for a few senior citizen programs.

As can be seen, this areas typifies many rural areas of frost-belt America. For this study, the author examined the only women's shelter in the ten counties and conducted a survey of selected social service providers in the very rural counties with no shelter.

The women's shelter serves about 500 women per year who are victims of domestic violence. Many of these women stay, often with children, for one night up to several weeks. A large proportion of the women are from the Southern Illinois area, though they tend to come from certain counties rather than all counties equally.

A pre-tested questionnaire was administered in a one-to-one interview to all new residents of the shelter during a typical three month period in early

1981.[7] A summary of this data is found in the data section of this paper.

A personal interview with a selected sample of service providers who might work with abused wives in the area was also conducted. Included were medical social workers (2), hospital social service staff (10), workers in the public child and family service agency (4), legal services lawyers (2), a head start director, a senior citizen program director, and a social worker directing a demonstration service project encompassing over half of the counties studied.

Summary of Results

The sample size from the Women's Shelter was small, 14, and made up of women who identified themselves as abused and in need of help. These features should be kept in mind when reviewing the data for women in the shelter.

The women surveyed were generally similar to women in other studies that were urban oriented. They were of low-income, undereducated and underskilled. The one area of great difference is that the rural women's husbands were in a higher tax bracket than the wives and had a good deal more education. This finding is different than other studies which show little difference between husband and wife when the women are identified as abused.[8]

Another area of divergence was in age of abused women. While other studies place the majority of subjects at 30 years or younger, over 50% of the rural women were 36 years or older. These women were abused over a period of time; for most, since early in the marriage relationship. These women had been contemplateing leaving the abusive environment for a while; thus, their coming to a shelter was a conscious effort, and not done on the spur of the moment.

Other charateristics of these women include that 58% were protestant, and of the remaining, most were something other than protestant or Catholic. Alcohol did play a role in 64% of the abusive incidents, though 36% of the abusers never drank or were not drunk prior to the abuse.

About 93% of the abusers were abused as children. Also, 43% of the children of these women were abused by the wife abuser.

Though the author's sample is small, the study does indicate that the rural abused wife who reaches out for help is quite similar to her counterpart in other studies. There are some differences that should be noted. Though these women are poor and undereducated, their husbands frequently are not. These men are also abusive of their children and in about a third of the cases were not drunk or drinking. Also, almost all of these males had been abused as children. This suggests that Modeling Theory[10] may more credibly explain rural wife abuse than does stress theory in many cases. This theory allows that deviant behavior becomes learned and "acceptable" adult behavior.

The second part of this study involved the survey of service providers in the counties without a shelter. The survey was an attempt to find out something about what happens to the abused wife in these other areas. This survey was general, and descriptive in nature and a summary of it follows.

All of the service providers were unanimous in a number of their observations. They found that there was a great deal of wife abuse, and little of it was reported. Though abused women might say that abuse is not acceptable, in reality it is acceptable because experience shows there is no reason to expect anything else.

Not one hospital in the counties surveyed has any special program for emergency room identification or special intervention in suspected wife abuse

situations. The service providers surveyed indicated that few family physicans attempted to identify or refer abused wives in their practice. The Federally funded (RHI) Rural Health Clinics fared better in that over 80% of those surveyed felt that (RHI) physicans would identify possible abuse or make a referral to a social worker or counselor.

Those surveyed were asked about sheriff or police cooperation. Opinions varied in this area. If a worker had a good relationship with the local police, cooperation might ensue. Generally, sheriff and police feel that domestic matters belong at home, and are reluctant to intervene--especially in small towns where the abuser is known and a part of the community. About three-fourths of those surveyed thought that if child abuse were a part of the household violence, then the police were much more cooperative.

Another unanimous area for those surveyed was in regard to the legal system in rural areas. Most states-attorneys and judges were felt to be uncooperative and lacking in knowledge about domestic violence. Many were felt to hold the many myths and sterotypes about the abused wife that the general public has. This creates a climate of frustration and lack of help for those who want to work with the abused rural wife. Legal services lawyers were seen as the major "shining light" in the legal system. Service providers were concerned that cuts in funding for the Legal Services Corps. would have severe consequences for the rural abused wife.

Through this survey, an interesting situation was revealed. One medical social worker surveyed, who worked in a Rural Health Clinic, found that some communities seemed to have a higher incidence of wife abuse than others. One community typified the high incidence syndrome. This was a

"closed" community with few persons aspiring to leave. There was high unemployment and frustration on the part of many males. The norm for this community is what goes on, and many traditional values are kept. Though many of the men cannot cope with stress or have certain problems, it has been unacceptable to seek help.

Because of close control over the women, and the lack of acceptability of counseling services, few women openly sought help. What was found was that a number of women were being seen in the health clinic for what eventually was diagnosed as somatic complaints. During the course of examination the patient confided in the doctor about abuse, or the doctor may have referred the somatic complaint patient to the social worker. In counseling with the social worker, the patient frequently admitted the abuse problem.

Though identification of the abuse problem has been made, most frequently the women choose to do nothing about the problem. The counselor may attempt to explore feelings and let the woman know she is not the only one and there are services available; rarely does the patient return for service.

With these women the age difference from other studies is again substantiated. Identified women are in their early twenties and over 40, with the age spread being fairly egual.

In summary, the survey of service providers found few services for the rural abused wife. There were also few trained or knowledgable professionals even though much abuse exists.

Abuse was rarely voluntarily identified by the wife, and in cases where admission of abuse occurred, it was prompted by "health" matters or abuse of children in the home.

Conclusions and Recommendations

The topic of wife abuse in rural areas presents all of the issues and problems of domestic violence combined with the usual problems of rural services--lack of resources, lack of trained professionals, lack of community information and lack of population.

Clearly, more research on rural domestic violence is needed as well as the reporting of innovative methods of providing services in a difficult situation.

Three general areas should be addressed as a result of this study. The first area relates to the issue of identification. It is necessary to recognize that there is a problem of wife abuse in rural areas even though the abused women are not rushing forward for help. There are few places to rush to, though the one women's shelter in this study is well utilized. What is needed is the development of awareness and sensitivity to the abuse problem by various community professionals. Physicans, nurses, police, ministers, persons on the legal system and others must have awareness of the issues if the problem is to be identified. Physicans and medical facilities staff are particularly important in this identification process.

The second area to address is that of resources. All of the literature related to wife abuse indicates the need for such basic resources as women's shelters, legal services, employment counseling, general counseling and emergency funds. These resources are not readily available in rural areas. It is the author's contention that this lack of resources is not completely the result of the general lack of rural resources. Rather, it is largely the result of lack of recognition about wife abuse in rural areas. If

significant community persons as well as community professionals are aware of the nature and extent of the problem, there can be efforts to develop services and gain financial backing. From this study, the author must conclude that this important step is missing in many rural communities.

The third area to address is prevention. While it may seem foolish to attempt to address prevention while the other two issues have not been addressed, prevention is extremely important. Community organization and education have been promoted as significant areas for prevention and early intervention.[11]

One area for preventive impact may be through the public school curriculum and adolescent health programs. Bringing up the subject of domestic violence and discussing it would be new to most educational services, but very appropriate. This is a method of possible prevention that bears little monetary cost with potential widespread benefit.

Professional organizations need to push the concept of wife abuse in continuning education activities. Medical and nursing groups as well as local hospital associations can play an important role in educating potential service providers in rural communities.

Awareness of wife abuse in rural areas is the first step in addressing a serious problem. Awareness by researchers, professionals and community people is key to service and prevention.

NOTES

1. For example see: "Annotated Bibliography on Spouse Abuse," by the Resource Center on Family Violence, (PO Box 2309, Rockville, MD: National Clearinghouse on Domestic Violence, 1981) and "Spouse Abuse: A Special Issue," Victimology 2 (1977-78).

2. Murray A. Straus, "Wife Beating: How Common and Why?" Victimology 2 (1977-78): 443-458.

3. Barbara Star, et. al., "Psychological Aspects of Wife Battering," Social Casework 61 (June, 1980):

4. Bruce Rounsaville, "Theories in Marital Violence: Evidence from a Study of Battered Women," Victimology 3 (1978): 11-31.

5. Wife Abuse: The Role of the Social Worker, (Washington, D.C.: The Child Welfare Resource Information Exchange, April, 1980): 6.

6. For example, see: Wife Abuse: The Role of the Social Worker (1980), and Lenore Walker, The Battered Women, (New York: Harper and Row, 1979).

7. The majority of this information was collected by Wendi Carroll in "A Study of Wife abuse in Southern Illinois," Southern Illinois University, 5/81, unpublished.

8. See Bruce Rounsaville (1978).

9. For example, Barbara Star, "Comparing Battered and Non-Battered Women," Victimology 2 (1978): 32-44.

10. Bruce Rounsaville (1978).

11. Gary Smith, "Spouse Assualt: Another View," Human Services in the Rural Environment 5 (September/October 1980): 28-31.